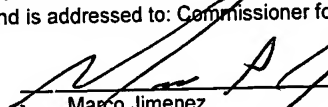
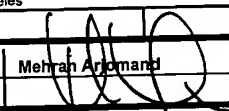
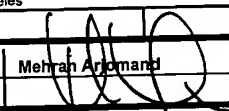
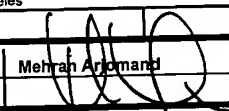


Please type a plus sign (+) inside this box → ☐

PTO/SB/05 (11-00)
Approved for use through 10/31/02. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))	Attorney Docket No. 393032040700	
	First Inventor Hiroyuki IWASE	
	Title	MULTI-CHANNEL VIDEO MIXER FOR APPLYING VISUAL EFFECTS TO VIDEO SIGNALS
	Express Mail Label No. EV147810689US	
CERTIFICATE OF MAILING BY "EXPRESS MAIL"		
Express Mail Label No.: EV147810689US Date of Deposit: September 17, 2003		
I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. § 1.10 on the date indicated above and is addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.		
 Marco Jimenez		

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.		ADDRESS TO: Commissioner for Patents Mail Stop Patent Application P.O. Box 1450, Alexandria, VA 22313-1450																													
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17) (Submit an original, and a duplicate for fee processing)</p> <p>2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification (preferred arrangement set forth below) - Descriptive title of the Invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure</p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets 9]</p> <p>5. <input checked="" type="checkbox"/> Oath or Declaration [Total Pages 3]</p> <p>a. <input checked="" type="checkbox"/> Newly executed (original or copy)</p> <p>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed)</p> <p>i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)</p> <p>6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p>		<p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)</p> <p>a. <input type="checkbox"/> Computer Readable Form (CRF)</p> <p>b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper</p> <p>c. <input type="checkbox"/> Statements verifying identity of above copies</p>																													
ACCOMPANYING APPLICATION PARTS																															
<p>9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement (where there is an assignee) <input type="checkbox"/> Power of Attorney By Assignee</p> <p>11. <input type="checkbox"/> English Translation document (if applicable)</p> <p>12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citation(s): 1</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) Should be specifically itemized</p> <p>15. <input checked="" type="checkbox"/> Certified Copy of Priority Document (if foreign priority is claimed)</p> <p>16. <input type="checkbox"/> Request and Certification under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</p> <p>17. <input type="checkbox"/> Other</p>																															
18. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:																															
<p><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: *</p> <p>Prior application information: Examiner * Group / Art Unit: *</p> <p>For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. This incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p>																															
19. CORRESPONDENCE ADDRESS																															
<p><input checked="" type="checkbox"/> Customer Number or Bar Code Label</p> <div style="border: 1px solid black; width: 200px; height: 80px; margin: 10px auto; text-align: center; line-height: 80px;">25224</div> <p>(Insert Customer No. or Attach bar code label here)</p> <p>or <input type="checkbox"/> Correspondence address below</p>																															
<table border="1"><tr><td>Name</td><td colspan="3">David L. Fehman</td></tr><tr><td>Address</td><td colspan="3">Morrison & Foerster</td></tr><tr><td></td><td colspan="3">555 W. 5th Street, 35th Floor</td></tr><tr><td>City</td><td>Los Angeles</td><td>State</td><td>CA</td></tr><tr><td>Country</td><td>US</td><td>Telephone</td><td>(213) 892-5801</td></tr><tr><td></td><td></td><td>Zip Code</td><td>90013</td></tr><tr><td></td><td></td><td>Fax</td><td>(213) 892-5454</td></tr></table>				Name	David L. Fehman			Address	Morrison & Foerster				555 W. 5th Street, 35th Floor			City	Los Angeles	State	CA	Country	US	Telephone	(213) 892-5801			Zip Code	90013			Fax	(213) 892-5454
Name	David L. Fehman																														
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City	Los Angeles	State	CA																												
Country	US	Telephone	(213) 892-5801																												
		Zip Code	90013																												
		Fax	(213) 892-5454																												
<table border="1"><tr><td>Name (Print/Type)</td><td>Mehran Arjomand</td><td>Registration No. (Attorney/Agent)</td><td>48,231</td></tr><tr><td>Signature</td><td colspan="3"></td></tr><tr><td></td><td colspan="3">Date September 17, 2003</td></tr></table>				Name (Print/Type)	Mehran Arjomand	Registration No. (Attorney/Agent)	48,231	Signature					Date September 17, 2003																		
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Signature																															
	Date September 17, 2003																														

FEE TRANSMITTAL FOR FY 2003

Patent fees are subject to annual revision.

☐ Applicant Claims Small Entity Status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$790.00)

Compleat if Kn wn

Application Number Not yet assigned

Filing Date Concurrently herewith

First Named Inventor Hiroyuki IWASE

Examiner Name Not yet assigned

Group Art Unit Not yet assigned

Attorney Docket No. 393032040700

METHOD OF PAYMENT

☐ Check ☐ Credit Card ☐ Money Order ☐ Other

Deposit
Account
Number

03-1952

Deposit
Account
Name

Morrison & Foerster LLP

The Commissioner is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments

☒ Charge any additional fee(s) required Under 37 CFR 1.16 and 1.17

☐ Charge fee(s) indicated below, except for the filing fee

to the above-identified deposit account

FEE CALCULATION

1. BASIC FILING FEE

Large	Entity	Small	Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1001	750	2001	375	Utility filing fee	750
1002	330	2002	160	Design filing fee	
1003	520	2003	260	Plant filing fee	
1004	750	2004	375	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	

SUBTOTAL (1) (\$750.00)

2. EXTRA CLAIM FEES

Total Claims	9	- 20 =	0	x	18	=	\$0
Independent Claims	3	- 3 =	0	x	84	=	\$0

Multiple Dependent

Large	Entity	Small	Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1202	18	2202	9	Claims in excess of 20	
1201	84	2201	42	Independent claims in excess of 3	
1203	280	2203	140	Multiple dependent claims, if not paid	
1204	84	2204	42	**Reissue independent claims over original patent	
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2) (\$0)

** or number previously paid, if greater; For Reissues, see above.

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large	Entity	Small	Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1051	130	2051	65	Surcharge - late filing fee or oath	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	410	2252	205	Extension for reply within second month	
1253	930	2253	465	Extension for reply within third month	
1254	1,450	2254	725	Extension for reply within fourth month	
1255	1,970	2255	985	Extension for reply within fifth month	
1401	320	2401	160	Notice of Appeal	
1402	320	2402	160	Filing a brief in support of an appeal	
1403	280	2403	140	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,300	2453	650	Petition to revive - unintentional	
1501	1,300	2501	650	Utility issue fee (or reissue)	
1502	470	2502	235	Design issue fee	
1503	630	2503	315	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Petitions related to provisional applications	
1806	180	1806	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per properties (times number of properties)	40
1809	750	2809	375	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	750	2810	375	For each additional invention to be examined (37 CFR § 1.129(b))	
1801	750	2801	375	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$40.00)

SUBMITTED BY

Name (Print/Type)

Mehran Arjomand

Registration No.
(Attorney/Agent)

48,231

Complete (if applicable)

Telephone

(213) 892-5630

Signature

Date

September 17, 2003

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313.

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